

Paws in Training

Dog Training & Behavior Specialists

The Focused Canine: Distraction Training Class

ENROLLMENT FORM

Your Name _____ Dog's Name _____

Dog's Breed _____ Age _____ (years) Sex M F

Is your dog spayed or neutered? Yes No

Does your dog have any physical limitations/medical problems? Yes No

If yes, please describe: _____

Do you, the parent, have any physical limitations we should allow for in class? Yes No

If yes, please describe: _____

Is your dog on any medication? Yes No Name of med _____

Your Address: _____

Daytime Phone: () _____ Evening Phone: () _____

Email Address: _____

Your Vet's Name: _____ Phone: _____

Vaccinations Received: Rabies Bordetella within the last 6 months

Dog acquired from: PET SHOP SHELTER BREEDER OTHER _____

Approx % of time dog is: Inside ___% Outside ___% Crated ___% Tied ___%

What do you like best about your dog? _____

Are there any behavioral concerns you have with your dog? _____

Please check anything that applies to your dog when he's outdoors or out in public:

- | | |
|---|---|
| <input type="checkbox"/> Growls or lunges at other dogs | <input type="checkbox"/> Doesn't come when called |
| <input type="checkbox"/> Growls or lunges at people | <input type="checkbox"/> Doesn't listen when outdoors |
| <input type="checkbox"/> Chases wildlife | <input type="checkbox"/> Doesn't listen when distracted |

- ◇ Pulls hard on leash
- ◇ Lunges or pulls toward moving objects (bikes, joggers, skateboards, etc.)
- ◇ Fearful or shy with strange people or dogs
- ◇ Too friendly with strange people or dogs
- ◇ Lack of manners in the car

Other: _____

Briefly explain anything you have checked: _____

Class Date and Time Applied for: _____

Please read and sign the following:

Upon acceptance into class, I expressly assume the risk of any damage or injury while attending any training class and while on any training grounds (*Unleashed, LLC* facility, public parks and other public places, etc.) I hereby agree to indemnify and hold harmless *Paws in Training, Inc., Unleashed, LLC*, their officers, agents and employees from any and all claims as a result of any action created by any dog, including my own.

I AGREE TO THE TERMS OF THIS WAIVER EFFECTIVE AS OF MY PAID APPLICATION TO ATTEND THE INTERMEDIATE SKILLS CLASS.

 Signature Date

SUBMIT THE ENROLLMENT FORM TO RESERVE YOUR SPACE

1. Please call us at 919-896-2859 to reserve your space prior to sending application.
2. Complete the enrollment form and attach a current vaccination record.
3. You can email your application and current vaccination record to: schedule@pawsintraining.com and drop your check in the mail OR mail your application along with a check made payable to Paws in Training in the amount of \$135.00. The mailing address is:

Paws in Training
 1032 Turner Meadow Drive, Raleigh, NC 27603

You will receive a confirmation within 24 hours of emailing your registration form. Mailed forms will be acknowledged upon receipt. If you do not receive confirmation, or if you have questions, please call us at 919-896-2859.